## FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Mail Processing OMB No OExpires: Washington, D.C. 20549 Section

FORM D

APR 28 2008

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response. . . . . 16.00

		-000
PROCESSED	NOTICE OF SALE OF SECURITIES	Shinata
/ KOOLOOLD	PURSUANT TO REGULATION D,	110 anii 9100
MAY 0 2 2008	SECTION 4(6), AND/OR	
UNIE	ORM LIMITED OFFERING EXEMP	TION
THOMSON RELITERS		

s	C USE ON	LY
Prefix		Serial
		1
D <sub>i</sub>	TE RECEIV	VED

				<u>-</u>	
Name of Offering ( check if this is an Private placement of limited liability compar		name has changed,	and indicate cha	ange.)	
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	■ Rule 506	☐ Section 4(6)	UULOE
Type of Filing:  New Filing	□Amendment			, ,	
	A. BAS	IC IDENTIFIC	ATION DAT	A	
1. Enter the information requested about the	ssuer				
Name of Issuer ( check if this is an amendment	nt and name has c	hanged, and indica	ite change.)		
WRIGHTWOOD CAPITAL LLC					A ARROYN GOLDE ARYNG GOLDE AT BOY GUILL ARROYD GOLDE ABOUT
Address of Executive Offices		treet, City, State,	Zip Code)	Telephone Numb	:
Two North LaSalle, 9th Floor, Chicago, IL 6	0602			(312) 324-5900	
Address of Principal Business Operations	(Number and S	treet, City, State,	Zip Code)	Telephone Numb	
(if different from Executive Offices)					08045768
Brief Description of Business: This fund will in	ivest in real estate	and real estate fir	ancings.		ì
The Company was formed primarily to make	e real estate inve	stments			s.3.2)** <u>e</u>
Type of Business Organization					44, 20tos
☐ corporation	🗷 other (please specify	): limited liability company			
☐ business trust	☐ limited part:	nership, to be form	red		1: 49
		Month	Year		
Actual or Estimated Date of Incorporation or O	•	<u> 10 13 </u>		☑Actual	☐Estimated ::
Jurisdiction of Incorporation or Organization: (					. '
	CN for Canada	; FN for other for	eign jurisdiction	) <u>  D   E                                    </u>	

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDEN	TIFICATON DATA	र्मेश्वर के प्र <del>देश</del> का प	A Comment of the Comm
2. Enter the information re	•	owing: is been organized within the p	and five vegen		
-	-	•	-	or more of a class	of equity securities of the issuer;
		orate issuers and of corporate	-		
Each general and management			\$		<b>,</b>
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	⊠Executive Officer	☐ Director	☑General and/or Managing Partner
Full Name (Last name first, i Cohen, Bruce R.	f individual)				
Business or Residence Addre c/o Wrightwood Capital LI	•		L 60602		
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	图Executive Officer	Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Bieber, Henry J.					+ : :
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
c/o Wrightwood Capital LI	.C, Two North La	Salle, 9th Floor, Chicago, Il	L 60602		
Check Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	⊠Executive Officer	□ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Jackel, Thomas A.					
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)	<u> </u>		*
c/o Wrightwood Capital LI	.C, Two North La	Salle, 9th Floor, Chicago, Il	L 60602		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑Executive Officer	Director	□General and/or Managing Partner
Full Name (Last name first, i	f individual)	<u> </u>			
Moore, Terrence D.	•				
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
c/o Wrightwood Capital LI	C, Two North La	Salle, 9th Floor, Chicago, Il	L 60602		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	EExecutive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, i	f individual)			·	
Hays, Sara L.					• .
Business or Residence Addre	ess (Number and St	reet, City, State, Zip Code)			
c/o Wrightwood Capital LI	.C, Two North La	Salle, 9th Floor, Chicago, Il	L 60602		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Chapman, Larry D.					
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
		Salle, 9th Floor, Chicago, II	. 60602		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<del></del>			C IDENTIFICATON DA	TA	
<ol> <li>Enter the information req</li> <li>Each promoter of the</li> </ol>		ving; or has been organized within the	a mart flua water		
		r to vote or dispose, or direct th		or more of a class o	f equity securities of the issuer:
		orporate issuers and of corpora			
Each general and m	anaging partner of 1	partnership issuers.	<del></del>		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	图Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if i	individual)	<del></del>			
Choulochas, J. Jason.					
Business or Residence Address c/o Wrightwood Capital Ll		t, City, State, Zip Code) Salle, 9th Floor, Chicago, I	L 60602		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	图Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if i	individual)			· · · · · · · · · · · · · · · · · · ·	
Friedman, David J.					
Business or Residence Address c/o Wrightwood Capital LI		t, City, State, Zip Code) Salle, 9th Floor, Chicago, I	L 60602		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if	individual)	· · · · · · · · · · · · · · · · · · ·			<del></del>
Wrightwood Capital In	vestors LLC	·		<del></del>	
Business or Residence Address c/o Wrightwood Capital LI		t, City, State, Zip Code) Salle, 9th Floor, Chicago, I	L 60602		
Check Box(es) that Apply:	☐ Promoter	图 Beneficial Owner	☐ Executive Officer	☐ Director	☑General and/or Managing Partner
Full Name (Last name first, if	individual)				
Massachusetts Mutual Lif	ie Insurance Con	ipany			
Búsiness or Residence Address 1500 Main Street, Suite	•				
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if	individual)				
Luber Equity Fund LLC		<del></del>		~	
Business or Residence Address 700 N. Water Street, Sui	•			· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
		<del></del>	<del></del>	<del></del>	<del></del>
Full Name (Last name first, if i	individual)				

<b>副州城市</b>	· 在新洲 196	547 ( + 1) B	SE THERE'S	B. IN	FORMAT	ION, ABO	UT OFFER	RING		,0	0 1	,,,
									•		Yes	No
l. Has t	the issuer s	old, or doe	s the issuer		ell, to non-a o in App <del>e</del> ndix				?		🛘	Œ
2. Wha	t is the min	iimum inve	stment that	will be acc	epted from	any individ	ual?	••••••			\$ Non	ıe
											Yes	No
			oint owners?									Ø
comi a per states	mission or son to be l s, list the r	similar rem isted is an name of the	quested for nuneration for associated p broker or of set forth the	or solicitati person or a dealer. If	on of purch gent of a br more than f	asers in cor oker or dea ive (5) pers	nection wi der register sons to be l	th sales of s ed with the	ecurities in SEC and/o	the offerin r with a sta	g. If te or	
		ne first, if i										
						·				<u></u> -		
Business	or Residen	ce Address	(Number a	nd Street, C	City, State, 2	Zip Code)						
Name of	Associated	Broker or	Dealer				<del></del> -					
States in '	Which Pers	son Listed	Has Solicite	d or Intend	s to Solicit	Purchasers	· <u>-</u>	<u>.</u>				
(Che	ck "All Sta	ites" or che	ck individua	al States)							🗀 All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	(MS)	[MO]
(MT)	[NE]	[NV]	[NH]	[NJ]	(NM)	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	(WA)	(WV)	[WI]	[WY]	[PR]
Full Nam	e (Last nan	ne first, if i	ndividual)									
												<u> </u>
Business	or Residen	ce Address	(Number a	nd Street, (	City, State, 2	Zip Code)						1.
Name of	Accoriated	Broker or	Dealer		·	<del></del>					<del></del>	
Name of	Associated	DIOKCI OI	Dealer									
States in	Which Per	son Listed	Has Solicite	d or Intend	s to Solicit	Purchasers						
(Che	ck "All St	ates" or che	ck individu	al States)							D All S	States
,		[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	[ID]
[AL] [IL]	[AK] [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	(MD)	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nar	ne first, if i	ndividual)				· <u>-</u> -					
				10:		7: 0 1)						<u>-</u>
Business	or Residen	ice Address	(Number a	nd Street, (	City, State, 2	Cip Code)						. •
Name of	Associated	Broker or	Dealer	<u>-</u>		<del></del>		·			·····	
		<u></u> .	<u> </u>	_						<u> </u>		
States in	Which Per	son Listed	Has Solicite	d or Intend	s to Solicit	Purchasers						
(Che	ck "All Sta	ates" or che	ck individu	al States)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••	**************	***************		🗆 All S	states
[AL]	(AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	(IA)	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]-
(MT) (RI)	(NE) (SC)	(NV) (SD)	[NH] [TN]	[NJ] [TX]	(NM) (UT)	(NY) [VT]	[NC] [VA]	[ND] [WA]	(WV)	[OK] [WI]	(OR) (WY)	[PA]
[1/4]	[20]	[20]								furl	[ 111 ]	[PR]
			(Use	blank sheet, o	or copy and use	e additional co	pies of this sh	eet, as necessar	ry.)			

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold □ Common ☐ Preferred Total \$32,713,500.00 \$ 32,713,500.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 5 \$32,713,500.00 Non-accredited Investors 0 Total (for filings under Rule 504 only) 5 \$32,713,500.00 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Dollar Amount Sold Type of offering Security Rule 505..... Regulation A \_\_\_\_\_\_ Rule 504..... Total \_\_\_\_\_ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and

10,000.00

10,000.00

Printing and Engraving Costs

Legal Fees.

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) (travel)

Total .....

check the box to the left of the estimate.

	purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the le estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in resp. Part C—Question 4.b above.			Payments to Others
	Salaries and fees	<b>s</b>		s
	Purchase of real estate	<b>\$</b>	×	\$ <u>32,703,500</u>
	Purchasing, rental or leasing and installation of machinery and equipment	<b>s</b>		s
	Construction or leasing of plant buildings and facilities	<b>s</b>		s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			s
	Working capital	<del>-</del>		s
	Other (specify): Investment and Securities			s
		S		S
	Column Totals		泫	\$ 32,703,500
	Total Payments Listed (column totals added)			-
e.	A STATE OF THE STA	Market Control	3 240 43	- Sancia
The con furi	the issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed institutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written remished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	ander Rule 505, the	follo	wing signature
	RIGHTWOOD CAPITAL LLC	4.23.0	8	

GROFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

, ·	AND THE SIGNATURE OF THE STATE SIGNATURE OF THE SIGNATURE	**************************************	era.
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature / / / /	Date	-
WRIGHTWOOD CAPITAL LLC	mul di	4.73.68	
Name of Signer (Print or Type)	Title of Figner (Print or Type)		
By: Bruce R. Cohen	By: CEO		

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		2	3 Type of security		5 Disqualification under State ULOE				
	non-acc	to sell to credited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)			(if yes, attach explanation of waiver granted) (Part E-Item 1)			
State		No		Number of Accredited		C-Item 2)  Number of Non-Accredited	A 4		
AL	Yes	X		Investors	Amount	Investors	Amount	Yes	No X
AK		x					<u> </u>	<u> </u>	x
AZ		x	<del></del>				<del></del>	<u> </u>	x
<del> </del>		ļ. <u>.                                   </u>							
AR		X							X
CA		X			<del> </del>				X
со		X							X
CT		х	Limited Liability Company Interests	1	\$1,536,480				X
DE		х							<b>X</b> ,
DC	<del></del>	х	<del></del>						х
FL	-	х					<del></del>		; <b>X</b>
GA		x	<del></del>						х
HI		х							X.
ID		х							×
IL	:	x	Limited Liability Company Interests	2	\$4,177,020				<b>x</b>
IN		x	- <del></del>						х
IA	· · · · · · · · · · · · · · · · · · ·	х		· <del></del> -				}	х
KS		х							х
KY		х							<b>X</b>
LA		х							х
ME		х							X
MD		х							х
MA		х	Limited Liability Company Interests	1	\$20,000,000				х
MI	<del></del>	х	<del></del>	<del></del>					X

1	•	2	3	<u> </u>		4	· <u>·</u>		5
	non-action	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					ification ate ULOE , attach n of waiver ated) -Item 1)
				Number of Accredited		Number of Non-Accredited	i	ĺ	
State	Yes	No	- <del></del>	Investors	Amount	Investors	Amount	Yes	No
MN		X		<u>-</u>	<u> </u>				Х
MS		Х					<del> ,</del>		Х
МО		х					 <del></del>		x "
MT		Х			· L				х
NE		x_						 	x
NV		х							х
ИН		х		l	l				х
NJ		х							<b>X</b>
NM		х					. ==		X
NY		х							X
NC		х							х
ND		х						 	х
OH		х							х
OK		х		<del></del>					X
OR		х							Х
PA		х					- <del></del>		X
RI		х					-		х
SC		x							х
SD		х							х
TN		х					'		X,
тх		х							x
UT		х			<u></u>				х
VT		х							Х
VA		х							х
WA		х							х
WV		х							х

1.	Type of security Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)		Intend to sell to non-accredited investors in State			Type of investor and amount purchased in State (Part C-Item 2)				5 lification ate ULOE s, attach on of waiver nted) i-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WI		X	Limited Liability Company Interests	ī	\$7,000,000				x	
WY		х					<del></del>	1	х	
PR		х		<del></del>				<u> </u>	х	